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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	259052003400
	First Inventor	Jun OKAZAKI
	Title	LIGHT EMITTING DEVICE
	Express Mail Label No.	EV 332 777 505 US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (2 pages) (Submit an original, and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 16] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 5] 5. Oath or Declaration [Total Sheets 3] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (2 pages)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies
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ACCOMPANYING APPLICATIONS PARTS

9. ☒ Assignment Papers (cover sheet & document(s)) (2 pages)
 10. ☐ 37 CFR 3.73(b) Statement [] Power of Attorney
 (when there is an assignee)
 11. ☐ English Translation Document (if applicable)
 12. ☒ Information Disclosure Statement [x] Copies of IDS
 (IDS)/PTO-1449 + copy (5 pages) Citations (3 references)
 13. ☐ Preliminary Amendment
 14. ☒ Return Receipt Postcard (MPEP 503)
 (Should be specifically itemized)
 15. ☒ Certified Copy of Priority Document(s) (18 pages)
 (if foreign priority is claimed)(18 pages)
 16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).
 Applicant must attach form PTO/SB/35 or its equivalent.
 17. ☐ Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____

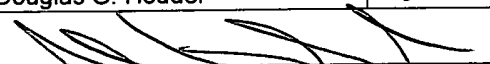
Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number: **25226** OR ☐ Correspondence address below

Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name (Print/Type)	Douglas G. Hodder	Registration No. (Attorney/Agent)	41,840
Signature		Date	September 23, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 332 777 505 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: **9/23/03** Signature:  (Tamara Alcaraz)

16235 U.S. PTO
10/669498



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METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP The Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				FEE CALCULATION (continued)																																																																																																																																																																																																																																													
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2"></th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> <tr> <th>Total Claims</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>10</td> <td>-20** =</td> <td>0</td> <td>x</td> <td>18.00</td> <td>=</td> <td>0.00</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>1</td> <td>-3** =</td> <td>0</td> <td>x</td> <td>84.00</td> <td>=</td> <td>0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>280.00</td> <td>=</td> <td>0.00</td> <td></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204</td> <td>42</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table> <p style="font-size: 0.7em;">**or number previously paid, if greater; For Reissues, see above</p>						Extra Claims		Fee from below		Fee Paid		Total Claims								10	-20** =	0	x	18.00	=	0.00		Independent Claims	1	-3** =	0	x	84.00	=	0.00	Multiple Dependent				280.00	=	0.00		Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	84	2201	42	Independent claims in excess of 3		1203	280	2203	140	Multiple dependent claim, if not paid		1204	84	2204	42	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					0.00	4. SUBMITTED BY <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td colspan="2" style="padding: 5px;">Name (Print/Type) Douglas G. Hodder</td> <td colspan="2" style="padding: 5px;">Registration No. (Attorney/Agent) 41,840</td> <td colspan="2" style="padding: 5px;">Telephone (650) 813-4203</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Signature </td> <td colspan="2" style="padding: 5px;"></td> <td colspan="2" style="padding: 5px;">Date September 23, 2003</td> </tr> </table>		Name (Print/Type) Douglas G. Hodder		Registration No. (Attorney/Agent) 41,840		Telephone (650) 813-4203		Signature				Date September 23, 2003																																																																																																																																											
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